

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	
Title::	PAPER JAM DETECTION APPARATUS AND METHOD FOR AUTOMATED BANKING MACHINE
Attorney Docket Number::	D-1188
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	6
Total Drawing Sheets::	7
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

## **Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name::  
Family Name:: Mason  
Name Suffix::  
City of Residence:: North Canton  
State or Province of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 1205 Echo Street, N.E.  
City of mailing address:: North Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44721

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Barry  
Middle Name::  
Family Name:: Watzman  
Name Suffix::  
City of Residence:: North Canton  
State or Province of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 5153 Brookstone Street, N.W.  
City of mailing address:: North Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44720

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Hideo  
Middle Name::  
Family Name:: Tatiyama  
Name Suffix::  
City of Residence:: Sao Paulo  
State or Province of Residence::  
Country of Residence:: Brazil  
Street of mailing address:: Rua Professor Sila Matos, 203  
City of mailing address:: Sao Paulo  
State or Province of mailing address:: SP  
Country of mailing address:: Brazil  
Postal or Zip Code of mailing address:: 04182-010

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Milton  
Middle Name:: Luciano  
Family Name:: Ifuki  
Name Suffix::  
City of Residence:: Sao Paulo  
State or Province of Residence::  
Country of Residence:: Brazil  
Street of mailing address:: Rua Professora Ida Kolb, 225, Bl 5, Apt 193  
City of mailing address:: Sao Paulo  
State or Province of mailing address:: SP  
Country of mailing address:: Brazil  
Postal or Zip Code of mailing address:: 02508-905

**Correspondence Information**

Correspondence Customer Number:: 28995

**Representative Information**

Representative Customer Number::	28995
----------------------------------	-------

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/410,535	09/12/2002
This Application	An application claiming the benefit under 35 USC 119(e)	60/436,833	12/26/2002

**Assignee Information**

Assignee Name:: Diebold Self-Service Systems  
Division of Diebold, Incorporated  
City of mailing address:: North Canton  
State or Province of mailing address:: OH